6-2015

Review of Edison Bicudo, *Pharmaceutical Research, Democracy and Conspiracy: International Clinical Trials in Local Medical Institutions*

Roberto Abadie
University of Nebraska-Lincoln, rabadie2@unl.edu

Published in *Medical Anthropology Quarterly* 29:2 (June 2015), pp b1-b3.
doi 10.1111/maq.12169

Published 23 December 2014.

BOOK REVIEW

Pharmaceutical Research, Democracy and Conspiracy: International Clinical Trials in Local Medical Institutions

by Edison Bicudo

(Surrey, UK: Gower, 2014), 175 pp.

Reviewed by Roberto Abadie
University of Nebraska, Lincoln

In late 2003, Dan Markingson, a young man experiencing an acute psychotic episode, went to his doctor at the University of Minnesota in search of treatment for his symptoms; he was involuntarily committed and ordered by the court to follow a treatment prescribed by his psychiatrist, Dr. Stephen Olson. Instead of treating him, Olson enrolled Markingson in an AstraZeneca-sponsored trial for an antipsychotic drug, for which Olson's university received $15,600—and more than $327,000 for all patients recruited.

Markingson's mental health did not improve on this drug but Dr. Olson kept insisting that everything was fine. For months, Markingson's mother fought to take her son out of the trial, telling Dr. Olson that her son was, in fact, deteriorating and that she feared he would commit suicide. Yet, he was kept in the study, went into a psychotic episode, and committed suicide in May 2004. Neither the University of Minnesota nor the state of Minnesota has properly investigated the suicide, the ethics of the study, or the potential conflicts of interests, and nobody involved has been held accountable. Dr. Olson, the principal investigator of the study, remains in his position at the University of Minnesota (Elliott 2013).

This episode is far from unique. Carl Elliott, who first drew attention to this study at the University of Minnesota, has recently uncovered the recruitment of homeless psychiatric patients into clinical trials in Philadelphia. This recruiting practice was pioneered by Eli Lily, the Midwest pharmaceutical giant, who years ago started targeting vulnerable populations through aggressively recruiting in soup kitchens and homeless shelters. In a "no-guinea-pig-left-behind" drive, even undocumented Latinos have been recruited as trial subjects in Florida.

The pharmaceutical industry is—along with the financial and weapons industries—one of the most globalized and profitable business domains. But they wouldn't make any profits if they weren't able to recruit research subjects to test an increasing number of drugs. This global trial economy creates its own assemblages of clinical trials, often run by hired contract research organizations (CROs), who fight among each other in a rat-race competition, promising quick and effective trials; at the same time, enterprising countries, hospitals, and doctors jump on the drug trial economy bandwagon by promising quick, endless access to a large pool of research subjects, with little or no ethical oversight.

This is the world that Edison Bicudo has examined in *Pharmaceutical Research, Democracy and Conspiracy*. Based on dozens of interviews with pharmaceutical company representatives, CRO managers, clinical trial recruiters, physicians conducting trials, as well as staff and administrators for drug trial sites, the book aims to explore "the new relationships between global and local actors" (p. 6). Fieldwork was conducted in five countries: the UK, Spain, France, Brazil, and South Africa. The first three are home to the largest number of pharmaceutical companies, or "sponsors," and their CROs, while the last two accommodate the largest number of hired physicians and patients/subjects.

The focus of the study is on the "initial stages, in which studies are yet not running, investigators not yet dealing with clinical matters and research with subjects not yet undergoing the study procedures" (p. 7). Bicudo justifies this choice with the reasoning that it allows him "to surprise the trials industry forging the social chains with which clinical trials are made not only scientifically and legally feasible but also socially and culturally possible" (p. 7). One potential pitfall of this choice is that we never learn about subjects' experiences as research

subjects. Bicudo draws attention to what he calls "mediational actions," which he argues are instrumental to the success of the clinical trials enterprise because they enable the pharmaceutical industry to navigate the translation from the global to the local contexts.

While this is an important topic, numerous authors before Bicudo have analyzed the multiple logics or rationalities behind the global clinical trial enterprise and their articulation in local contexts. And despite the author's attempts that apply Habermas's theory of communicative action (Habermas 1984), the author fails to provide any serious insights other than the idea that local contexts matter. Perhaps the most interesting section is focused on the privatization of clinical trials that are conducted in state or publicly funded institutions. As a result of such privatization, according to the author, the trials industry is determining research pathways to be taken by certain medical institutions, which are increasingly playing the role of research sites. The initiation of dozens of studies on a certain disease, the mobilization of hundreds of caregivers in several countries and the subsequent recruitment of thousands of patients all over the world derive from technical decisions taken in headquarters of global companies whose staff may be lacking appropriate knowledge about national needs. (p. 46)

Bicudo seems worried about this trend, wondering "whether global clinical trials can contribute to the construction and consolidation of democratic societies" (p. 160). He notes that state regulatory agencies continue to depend on fees received from the pharmaceutical industry, thus compromising "their independence and willingness to forestall political abuses" (p. 161).

In the end, he argues, the solution is to "enhance the role of institutions and legitimate law" (p. 161). Of course, there is nothing wrong with this prescription, in theory, but in practice there is. Bicudo neglects how the pharmaceutical industry uses their immense financial power to buy political influence, allowing them to get legislation or regulation they want approved while blocking those initiatives they perceive as harming their bottom line.

Anthropologists and social scientists have done quite a bit of work unmasking pharmaceutical practices in recent years, from the work of drug representatives, to the globalization of clinical trials, but much more work needs to be done in the area of pharmaceutical regulation. Specifically, we need to explore the role of pharmaceutical lobbying—not only the financing of political campaigns but also how it shapes

legislative outcomes. We should also study how Big Pharma uses its financial and political power to influence the Food and Drug Administration's drug approval process. If the social sciences want to remain vital and viable they won't be able to avoid tackling the relationship between the pharmaceutical industry —and corporations in general— and our political process, and what it all means for our citizens and the quality of our democracy.

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